ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE | |
|---------------------------|----------|--------|-----------|--|
| FEE DETERMINATION | Niù | 7530 | 107-(1-00 | |
| O.I.P.E. CLASSIFIER | 11 | 148 | 2/12/100 | |
| FORMALITY REVIEW | 77 | 6035 | 8/28/00 | |
| RESPONSE FORMALITY REVIEW | | | | |
| | | | | |

INDEX OF CLAIMS

| ~ | Rejected | N | Non-elected |
|---|----------------------------|----|--------------|
| = | Allowed | 1. | Interference |
| _ | (Through numeral) Canceled | Α. | Appeal |
| ÷ | Restricted | 0 | Objected |

| ÷ Restricted 0 Objected | | | | | | | | |
|---|---|-------------------|--|--|--|--|--|--|
| Claim Date | Claim Date | Claim | Date | | | | | |
| Final C 2/2/8 | Final | Final Original | | | | | | |
| | 51 | 101 | | | | | | |
| 2 1 | 52 | 102 | | | | | | |
| 3 / | 53 | 103 | | | | | | |
| 4 🗸 | 54 | 104 | | | | | | |
| 5 0 | 55 | 105 | | | | | | |
| 6 🗸 | 56 | 106 | | | | | | |
| 7 0 | 57 | 107 | | | | | | |
| 8 2 | 58 | 108 | | | | | | |
| (9)/ | 59 | 109 | | | | | | |
| 10 🗸 | 60 61 | 110 | - - - - - - | | | | | |
| | 62 | 111 | | | | | | |
| 13 0 | 63 | 112 | | | | | | |
| 14 2 | 64 | 114 | | | | | | |
| | 65 | 115 | | | | | | |
| 15 / | 66 | 116 | | | | | | |
| 17 0 | 67 | 117 | | | | | | |
| 18 0 | 68 | 118 | | | | | | |
| 192 | 69 | 119 | | | | | | |
| 20 1 | 70 | 120 | | | | | | |
| 21 / | 71 | 121 | | | | | | |
| 22 2 | 72 | 122 | | | | | | |
| 23 0 | 73 | 123 | | | | | | |
| 24 0 | 74 | 124 | | | | | | |
| 25 V | 75 | 125 | | | | | | |
| 26 0 | 76 | 126 | | | | | | |
| 27 | 77 | 127 | | | | | | |
| 28 🗸 | 78 | 128 | | | | | | |
| (29) | 79 | 129 | | | | | | |
| 130 나 | 80 | 130 | | | | | | |
| | 81 | 131 | | | | | | |
| 32 | 82 | 132 | | | | | | |
| 33 1 | 83 | 133 | | | | | | |
| 34 | 84 | 134 | | | | | | |
| 35 | 85 | 135 | | | | | | |
| 36 | 86 | 136 | | | | | | |
| 37 | 87 | 137 | | | | | | |
| 38 | 88 | 138 | | | | | | |
| 39 | 89 | 139 | | | | | | |
| 40 | 90 | 140 | | | | | | |
| 41 | 91 | 141 | | | | | | |
| 42 | 92 | 142 | | | | | | |
| 43 | 93 | 1143 | ++++++ | | | | | |
| 44 | 94 | 144 | | | | | | |
| 45 | 95 | 145 | | | | | | |
| 46 | 96 | 146 | | | | | | |
| 47 | 97 | 147 | | | | | | |
| 48 49 | 98 99 | 148 | - - - - - - - | | | | | |
| 50 | 100 | 149 150 | | | | | | |
| 1301 | <u> 109 </u> | 1120 | | | | | | |

If more than 150 claims or 10\u00e4actions staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY